

APPLICATION FOR BUILDING PERMIT

Village of Los Lunas Building Dept.

660 Main St.

Telephone # (505) 839-3842

Fax # (505) 352-3580

DATE ISSUED	PROCESSED BY:	PERMIT #
TYPE of CONSTRUCTION I II III IV V FR 1hr. HT N FEE PAID (Y/N) TRACKING NUMBER OCCUPANCY GROUP A B E		
F H I M R S U FEE DUE \$ MAIL (A/R) WALK-IN(A/R)		
DIVISION 1 1.1 2 2.1 3 4 5 6 7 CHECK# CASH RECEIPTS		

PLEASE PROVIDE THE FOLLOWING INFORMATION (Refer to the BUILDING PERMIT GUIDE or call for additional information)

Property Owner/Homeowner Name							
Address-No. & Street/P.O. Box/Rural Route City State Zip Code Phone Number							
()							
Contractor Company Name NM State License Number							
Address-No. & Street/PO Box/Rural Route City State Zip Code Phone Number							
() Architect/Engineer's							
Name NM State License Number							
Address-No. & Street/P.O. Box/Rural Route City State Zip Code Phone Number							
()							
Specific Use of Building (Residence,Office,etc.) County This Project is Located In Project Location Address							
Nearest City/Town/Village to Project Subdivision Name Lot.No. Block Township Range Section							
Provide Written Directions to the Project Site:							
Description New Construction Addition Alternative, Methods & Materials Foundation Only Renew Permit **No Apt.Units							
of work Alteration/Repair Demolition Masonry Wood Adobe Rammed Earth Baled Straw Other							

**CERTIFICATION FOR ALTERNATIVE METHODS AND MATERIALS form required. **Please call to determine your correct valuation and fee amounts.	
TOTAL SQ. FT.	**VALUATION FEE

? PLEASE READ AND SIGN THE FOLLOWING:
I, hereby, acknowledge by my signature below that I have read this application and state that the above is correct. I agree to comply with the requirements of the NEW MEXICO BUILDING CODE. I waive my right to require any inspector to possess a search warrant before they enter the premises to inspect the building covered by this permit. However, I waive this right only on the following conditions: The Inspector must be approved by the Construction Industries Division and this inspection must be made at reasonable times for the purpose of determining whether the work or building or structure on the premises complies with the NEW MEXICO BUILDING CODE. I understand that the issuance of this permit shall not prevent the Construction Industries Division from requiring compliance with the provisions of the NEW MEXICO BUILDING CODE.

X Date Contractor 's Signature
only or Homeowner's Signature above if this is a Homeowner Permit. The Homeowner must also read, sign and notarize the following:

?AFFIDAVIT FOR HOMEOWNER CONSTRUCTION PERMIT: - Please print Homeowner Name, read, sign and notarize the following:

I, , certify that I intend to build or make installations, alterations or repairs in or to a single-family dwelling owned and occupied or to be occupied by me. I understand I must do all the work myself or with the aid of others who are paid wages and who receive no other form of compensation. If I hire anyone on a payroll, I will furnish my state and federal tax withholding numbers to the Construction Industries Division and will make my payroll records available for inspection by the Division. I understand I cannot perform any electrical, mechanical, or plumbing work under this permit]. If I hire a licensed contractor to do any portion of this project, the contractor will apply for his own permit for his portion of the work. I understand I am required a substantiate my construction knowledge to the satisfaction of the Division and complete the Homeowner's Responsibility Form for a Homeowner Construction Permit.

Sworn to me this day of	HOMEOWNER'S SIGNATURE
, 20.	ZONING APPROVAL BY:
	(If Applicable-call the Construction Industries Division to verify)

My Commission Expires:	PERMIT APPROVED
	Date: